Q - Resp - Dyspnea Index Di

Record ID		_			
Questionnaire - Metadata					
Session ID		_			
Questionnaire Started At					
Questionnaire Completed At		_			
Questionnaire Duration (seconds)					
Please answer the following of		-			
0 = Never; 1 = Almost never;		Almost never	Sometimes		Alwaya
I have trouble getting air in.	Never	Almost never	Sometimes	Almost always	Always
I feel tightness in my throat when I am having my breathing problem.	0	0	0	0	0
It takes more effort to breathe than it used to.	0	0	0	0	\circ
Changes in the weather affect my breathing problem.	0	0	0	0	0
My breathing gets worse with stress.	0	0	0	0	0
I make sound/noise breathing in.	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
I have to strain to breathe.	\bigcirc	\circ	\bigcirc	\bigcirc	\circ
My shortness of breath gets worse with exercise or physical activity.	0	0	0	0	0
My breathing problem makes me feel stressed.	0	0	0	0	0
My breathing problem causes me to restrict my personal and social life	\circ	0	0	0	0

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